

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date:: July 17, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: A DEVICE COMPRISING AT LEAST TWO
CONTAINERS CONFIGURED SO AS TO BE
SUPERPOSABLE

Title Line Two::

Attorney Docket Number:: 62751.000010

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: Figure 2

Total Drawing Sheets:: 3

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?::

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: France
Country::
Status:: Full Capacity

Applicant One Given Name:: Jean-Louis
Middle Name::
Family Name:: GUERET
Name Suffix::
City of Residence:: Paris
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address Line One:: 27 avenue Raymond Poincare
Street of Mailing Address Line Two::
City of Mailing Address:: Paris
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code:: 75016

Correspondence Information

Correspondence Customer No.: 21967
Name::
Street of Mailing Address Line One::
Street of Mailing Address Line Two::
City of Mailing Address:
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/410,308	09/13/02

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::
France	02 09059	07/17/02	Yes

Assignee Information

Assignee Name:: L'Oreal

Street of Mailing Address Line One:: 14 rue Royale

Street of Mailing Address Line Two::

City of Mailing Address:: Paris

State of Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code:: 75008